

A Comparison of Primary Care Residents With Conventional Internal Medicine and Pediatric Residents

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A study was done of 15 residency training programs in primary care (not family practice residencies) to determine how the residents compared with their counterparts in conventional programs. Primary care residents are equally or more clinically skilled and equally or better grounded in the science of medicine. Their clinical research is directed toward different issues, and they are decidedly more psychosocially oriented.

DURING THE YEARS 1976 through 1980 an intensive study of 15 residency training programs in internal medicine and pediatrics primary care (not family practice programs) in a diverse range of medical schools was conducted. Nine of the residencies were financially supported by the Robert Wood Johnson Foundation, and six were supported by the Department of Health and Human Services. The purpose of the study was to acquire a large amount of descriptive and analytical data on the programs in terms of problems encountered and how they were resolved; goals and objectives; staffing patterns; clinical affiliations; patient population; educational and patient care activities; evaluation; funding, and *institutionalization*—that

is, the process by which an educational or patient care activity or program, originally begun on an experimental basis, eventually becomes an established program. According to the study design, a major portion of the study focused on 29 different aspects of the residents themselves. This report deals with only one component, although an important one, of the resident population: how the primary care residents are perceived by faculty, professional staff and peers, training in other, more traditional, residencies sponsored by the same 15 medical schools.

Methods

As part of the study, site visits were made to all 15 programs. While there were several reasons for making the site visits, one of the most compelling was to determine the attitudes of non-primary care residents, faculty and staff toward the 225 residents in primary care internal medicine and pediatrics programs. Because the polled attitudes dealt with personal (and professional) matters, it was thought that some respondents

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might be reluctant to respond to an impersonal questionnaire. However, individual interviews seemed more likely to elicit a more candid response.

The director of each residency training program was contacted and a schedule for the site visit was set up that would include interviews with non-primary care residents, nurses, nurse practitioners, physician assistants, clinic directors, faculty and others who had professional contact with the primary care residents. The program directors were *not* informed as to the purpose or content of the interviews.

An interview plan was prepared and tested before the site visits were made. At the beginning of each interview it was ascertained whether the interviewee had professional contact with the primary care residents in the program, and a determination was made about the extent of the professional interaction and the occasions of the contact. To establish a reference point or criterion group, each person was asked to compare the primary care residents with those in traditional (conventional) internal medicine or pediatrics at the same level of training in the following areas: clinical skills, psychosocial orientation, interest in clinical research and knowledge in the science of medicine. An additional question requested the interviewee to state generally, to the extent possible, how the primary care residents compared as clinicians with those in traditional internal medicine or pediatrics programs. A final question specifically asked, "Other than what we have discussed, do you see the primary care residents as being in any way different from residents in internal medicine (pediatrics)? If so, how are they different?" Interviewees were given an opportunity to respond freely to this last question.

Results

In all, 290 people were interviewed. Interviewees included departmental chairmen, full professors, associate professors, assistant professors, instructors, and professional or supporting staff such as nurses, nursing supervisors, clinic directors and social workers, as arranged by the program directors. The responses to the first four questions are recorded in Table 1.

About 70 percent ($n=280$) of the respondents perceived the primary care residents as having clinical skills that were equal to those of the traditional residents. Roughly 12 percent perceived the primary care residents as being either

TABLE 1.—How Four Qualities of Primary Care Residents Are Perceived by Professional Staffs

Professional Qualities	Less (percent)	Equal (percent)	More (percent)	Can't Say (percent)	N*
Clinical skills	12	71	11	6	280
Psychosocial orientation	2	28	66	5	289
Interest in clinical research	26	47	5	22	285
Knowledge of the science of medicine . .	12	68	4	17	273

*Number of respondents who provided usable answers.

TABLE 2.—How Primary Care Residents Are Perceived as Clinicians

How Perceived	N*	Percent
Not as good	28	10
Equal	182	64
Better	42	15
Can't say	33	12

*Number of respondents who provided usable answers.

less or more clinically skilled, whereas about 6 percent would not make a response. The bulk of those who said "can't say" were allied health personnel who felt it would be presumptuous to make a statement.

Another question was "Are the primary care residents less, equally, or more psychosocially oriented?" The primary care residents were perceived as more psychosocially oriented by 66 percent of the respondents, as equally psychosocially oriented by 28 percent of the respondents and as less psychosocially oriented by only 2 percent of the respondents.

For interviewee perception of whether the primary care residents had more, the same or less interest in clinical research, 47 percent of those answering perceived the primary care residents as equally, 26 percent as less, and only 5 percent as more interested in clinical research. However, while responding to this question, most interviewees volunteered to say that the primary care residents' research interests were geared more toward "health care delivery." The "can't say" percentage (22 percent) was so high because the nurses and allied health personnel indicated, quite frankly, during the interviews that they were not competent to judge the residents on these matters.

Finally, two thirds (68 percent) of the respondents perceived the primary care residents as being equally as knowledgeable as traditional residents in the science of medicine, 12 percent as less knowledgeable and only 4 percent as more knowl-

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edgeable. The 17 percent "can't say" response is probably due to the same reluctance of nurses and allied health personnel to make a judgment.

The responses to the question "To the extent that one can generalize, as clinicians, how do you compare the primary care residents with those in [a traditional residency]" are reported in Table 2. Of those interviewed 79 percent perceived the primary care residents as being either equal or better clinicians than the other residents (Table 2).

A final question in the interview asked whether the respondent saw the primary care residents as "being different" from the more traditional ones. About 80 percent viewed them as being different and provided comments on what they saw as the differences. It would be difficult to cite here all the comments made. However, the following are typical responses: "They are willing to work as a team." "They are better prepared to begin office practice." "They are different in ideology, attitude, and responsiveness to broader issues." "The primary care residents tend to have broader interests and breadth of outreach." "They have a wider variety of skills—medical, social, community, etc." And finally, a typical response that seems to summarize the differences, "Primary care residents are more interested in people."

Discussion

Academic institutions, especially university medical centers, are not known for their enthusiasm to initiate new approaches to the delivery of health services by modifying either their educational programs or how they provide university-based medical services. This observation was confirmed by the reluctance of many medical administrators and university physician-educators in the early 1970's to support with enthusiasm the development of residency training programs in primary care. While this reluctance could be illustrated by any number of anecdotes, most often critics

of primary care either verbally or through implied behavior—although never publicly—transmitted the message that primary care residents were "not as good" as residents in traditional residencies of medicine and pediatrics. The "not as good" opinion was reflected in how the primary care residents were perceived in terms of their clinical skills, scientific background and research interest.

This study should lay to rest this unwarranted stereotype of residents in primary care medicine and pediatrics programs. Most of the people interviewed in this study had no vested interest in the success or failure of the programs, and, indeed, many of them were hostile to them when they were begun at their institutions. That such large numbers now saw the primary care residents as equally or more skilled (82 percent), and equally or more knowledgeable in the science of medicine (72 percent), is a testimonial to the quality of the residents and the quality of the training programs. Furthermore, that 79 percent of those interviewed summed up their impression of the primary care residents as being equal or better clinicians than their counterparts in traditional internal medicine and pediatrics should allay some of the arguments of critics of primary care physicians.

What should not be surprising is that such a large number (66 percent) of respondents perceived the primary care residents as being more psychosocially oriented. With the primary care residencies geared more "toward the community," it seems logical that the more psychosocially oriented medical students will be attracted to the programs and have that orientation reinforced. And that is as it should be, for if there is to be one salient characteristic that distinguishes the primary care residents from their colleagues in internal medicine and pediatrics it should be their psychosocial orientation toward health and patient care.